



## OCPS II CONVERSION APPLICATION

This application must be returned to the Ohio Chemical Dependency Professionals Board. It will not be considered complete unless accompanied by the appropriate fee. Please give full and complete answers. Vague and/or incomplete applications will be returned, causing a delay in the recertification process. **Intentionally false and/or misleading statements may result in denial or revocation of recertification.**

**Please type or print legibly.**

**Certificate Number** \_\_\_\_\_

**Applicant Name** (first, middle and last) \_\_\_\_\_

**Maiden Name** (if applicable) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SS #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Home Address**

**Current Work Address**

(Please provide street number, street name, city, state and zip.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**County** \_\_\_\_\_

**Preferred Mailing Address**       **Home**

**Work**

**Home Phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Work phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**FAX #** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

Would you like to receive correspondences regarding your renewal application via email? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Have you ever had a professional license/certificate reprimanded, suspended, revoked, surrendered or in any other way sanctioned since obtaining certification?**

**If yes, please attach a written explanation.**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Have you ever been convicted of a misdemeanor or felony since obtaining your certification? If yes, please complete the misdemeanor/felony questionnaire.**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Do you currently live or work at least 51% of the time in Ohio?

\_\_\_\_ Yes \_\_\_\_ No

## CONVERSION APPLICATION INSTRUCTIONS AND CHECKLIST

Applicants who hold at least an OCPS I may convert their certificate to a higher level when applicable. Applicants must fulfill all eligibility requirements for the level to which they are applying.

### To Convert to the OCPS II:

- \_\_\_\_ Applicant must currently hold the OCPS I credential.
  
- \_\_\_\_ Applicants must document completion of a Bachelor's degree in a prevention related field of study or a Bachelor's degree or higher in an unrelated field of study and at least ninety hours in human behavior related studies. These ninety hours may not be used toward the 100 hours of required prevention education. An official sealed transcript from each must be included with this application.
  
- \_\_\_\_ Applicants must document two years (4,000 hours) of work experience as an administrator/supervisor of AOD prevention services. Completion of the Prevention Administrator/Supervisor: Supervisor Reference Form is required along with submission of a job description signed by the applicant's supervisor.
  
- \_\_\_\_ Applicant must complete 90 hours of administrator/supervisor education and document these hours on the Administrator/Supervisor Education Grid. Verification of course work must be submitted with this form.
  
- \_\_\_\_ Applicants must submit the conversion application, appropriate forms and the \$35.00 Non-refundable Conversion Application fee.

All necessary forms for conversion can be accessed on the Board's website at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or by calling the board office at 614-387-1110.

# APPLICANT STATEMENT FOR NOTARIZATION

I hereby affirm that I am of good moral character and that all information given herein is true and complete to the best of my knowledge and belief. I authorize any necessary investigations and/or release of personal information to the Chemical Dependency Professionals Board and its agents. I understand that falsification of any portion of this application may result in my being denied licensure or in revocation of the same.

I hereby affirm that I have read the Prevention Specialist Code of Ethics, and I agree to abide by this code. (The Prevention Specialist Code of Ethics may be accessed at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or may be sent to an individual upon request.)

I further agree to hold the Chemical Dependency Professionals Board free from any civil liability for damages or complaints related to any action within the scope and/or arising out of the performance of its duties, which it or any of its employees may take in connection with this application and/or failure to issue me said license.

I understand that the \$35 fee submitted herewith represents the non-refundable Conversion Application fee. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

\_\_\_\_\_  
Applicant Signature Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature Date Commission Expires

**If paying via check or money order:** make payable to “**Treasurer, State of Ohio.**”

**If paying via credit card:** complete the CREDIT CARD AUTHORIZATION form.

**Please return completed application, including required documentation and fee, to:**

**Ohio Chemical Dependency Professionals Board**  
77 South High Street, 16<sup>th</sup> Floor Columbus, Ohio 43215  
614/387-1110 (phone) 614/387-1109 (fax) [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)  
Email: [credentialing@ocdp.state.oh.us](mailto:credentialing@ocdp.state.oh.us)

<b>FOR OFFICE USE ONLY</b>		
Date Received:	Fee Paid:	Check/M.O./C.C. #:



## Credit Card Payment Authorization Form

Please check one:     Master Card         Visa

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address (for receipt) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2/CID Code # (Three digit number on back of card): \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Payment for (exam, application, etc): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Credit Card Payments may be mailed, faxed, emailed, or phoned in to the Board office.**

Ohio Chemical Dependency Professionals Board  
77 South High Street, 16<sup>th</sup> Floor Columbus, Ohio 43215  
614/387-1110 (phone)    614/387-1109 (fax)    [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)  
Email: [credentialing@ocdp.state.oh.us](mailto:credentialing@ocdp.state.oh.us)

**This document will be shredded after your payment is processed.**



## Military Request Application Addendum

**Individuals or spouses of individuals who are veterans or members of the armed forces may have their application expedited by completing this form and returning it with documentation of military service.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
SSN

1. Have you served in the U.S. military?       Yes       No
2. Has your spouse served in the U.S. military?       Yes       No

If your spouse has served, please provide their first and last name:

\_\_\_\_\_

4. In which branch of the military did you/your spouse serve? \_\_\_\_\_

5. Please provide the military service dates:

Military Service From: \_\_\_\_\_ Military Service To: \_\_\_\_\_

6. Are you still active in the military or reserves?       Yes       No
7. Were you discharged under honorable conditions?       Yes       No

**Attach this Addendum to the front of your application and include a copy of your/your spouse's DD214 form or proof of current service.**

**Please contact your County Veterans Services Office (1-877-OHIO-VET) or the Ohio Department of Veterans Services ([www.ohiovet.gov](http://www.ohiovet.gov)) if you need assistance in obtaining a copy of the DD214 form.**